



**DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES**

**GOVERNOR'S ADVISORY COUNCIL (GAC)  
TO THE DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES (DDDS)**

**Thursday, September 15, 2016**

The Governor's Advisory Council to the Division of Developmental Disabilities Services met on September 15, 2016, at the 1056 Woodbrook Big Conference Room in Dover.

**COUNCIL MEMBERS PRESENT:**

Terri Hancharick, *Chair*  
Timothy F. Brooks, *Ed.D.*  
Thomas Rust

**COUNCIL MEMBERS ABSENT:**

*Susan Pereira*  
*Angie Sipple*  
*Gail Womble*

**STAFF MEMBERS PRESENT:**

Jill Rogers  
Terrence Macy  
Marissa Catalon  
Adamarys Pino (*minutes*)

**GUESTS PRESENT:**

Patricia L. Maichle, *DD Council*  
Vicki Haschak, *Elwyn*

**CALL TO ORDER:**

The meeting was called to order at 11:15 a.m.; introductions were made.

**NEXT MEETING:**

October 20, 2016 at 11:00 a.m.

**APPROVAL OF MINUTES:**

The Council postponed the approval of minutes from July 06, 2016 were not available. Copies of June's Meeting Minutes were distributed.

**AGENDA-ADDITIONS:**

News article shared by one of the council members with the group, in reference to a Caregiver Arrested in Assaulting an autistic 13-year-old boy at Manor Group Home in Newark.

Discuss details of the Letter of Support that needs to be written for Pat Maichle, *DD Council*.

Announcement and information about the Life Conference & State Council Lunch.

**All meeting dates, times, and locations are on the Delaware Meeting Calendar at this link:**

**AGENDA-SUBJECTS:**♦ **Family Support Waiver**

Jill explained to the group that the Family Support Waiver has been rebranded as the *Life Span Waiver*. DDDS is on track to submit the waiver right around January 1<sup>st</sup> 2017. Jill is very proud of the DDDS team: Marie Nonnenmacher, Terry Macy and Lynda Lord and how they have helped taking off some of Marie's work responsibilities in order to give her time to devote to this project. Notice will be posted in the November 1<sup>st</sup> Register of Regulations for Public Comment.

Marie is in the last stages of putting together an email regarding our plan for Targeted Case Management, a companion piece to the *Life Span Waiver*. DDDS needs input on our plan for Targeted Case Management from this Committee as well as many other stakeholders. Jill reviewed the current list of stakeholders: DDDS Stakeholder Distribution List, Provider Distribution List, The DDC, and the State Council for Persons with Disabilities, and the Health Care Commission's Distribution List.

Members asked if they could get an Executive Summary of the *Life Span Waiver*. There is still some confusion over what it's going to cover. Jill agreed and Terry explained that they are still doing some updates to the family support piece and Jill offered to share some updated slides that she thinks will help.

Members in addition asked if there is a way to get into the schools for families to learn about this. Marissa expressed that we could use Dale Matusevich from the Dept. of Education to assist with reaching the local schools and their internal administration. Jill mentioned that we could definitely use those avenues to make people aware of the *Life Span Waiver*, the services and supports that are available and that DDDS wants your thoughts on whether it's going to fully meet your needs.

♦ **CMS Transition Plan**

Delaware has obtained interim approval of our Transition Plan and we were very pleased with that. Delaware is one of just a few states that have reached this stage. There is lots more work to do before we reach final approval, but we feel really good about the work that is getting done. Lynda Lord is leading on this project, but one of the things we identified internally is that we need to bring more resources to bear around that administrative piece. Therefore, we have brought in additional consultants via state contract. This is enabling us to meet the required timelines. Jill intends to discuss the completed "look behind" process at the GAC Retreat. Members mentioned it would be good to show where we are and what's ahead of us as we approach the 2019 deadline. There is interest in hearing what agencies, etc. are they doing to come into compliance.

Jill stated she believes that "*in general we're finding that most, if not close to all, are either in compliance or definitely can get there.*" Terry has had some really meaningful conversations with providers who are finding that a lot of what they are doing is already in the spirit of the community rule. The observation is that the stress level in general is coming down as we are doing the practical work and understanding what it is, what needs to be done and how manageable that is.

♦ **Nursing Services**

A member commented that they had heard that the Nursing Services aren't up to par with what they used to be; that not everyone is covered as they used to be. Another member pointed out that he is currently totally uncovered, and that the nurse said that she would help find a provider who could, but that was 2 months ago and nothing has been done. Jill

stated with concern, “*That specific situation was supposed to have been resolved*”, and Terry indicated that “*It has not been resolved yet, since they're having problems finding any nurses*”. Jill asked if that was for the Private Duty Nursing or for the Consultative Services. Terry indicated that the problems involved are in both, like a situation they got recently where they were scrambling to find for resources to support somebody for so many days a week, interim couldn't do any day and they had nobody to cover the weekend. Jill asked again if that's was for the Clinical Services or the Consultative Piece that he was talking about. One of the members indicated that in his personal case it was Consultative. Terry reaffirmed that they are having trouble in both ends. Another member pointed out that the Emergency Backup is not good. Terry shared that Sharon Bertin, NCC Nurse Supervisor, has done a terrific job calling every single nursing agency in the state, finding out what they do, but very few do the work we need them to do. Members remarked that this impacts both persons who are supported in a residential setting as well as those who are home, getting the services in their homes. Terry assured that as soon as Lynda comes back, they will work together to figure out some possible solutions.

A member asked about DDDS nurses being reassigned from providing nurse consultant services to some other tasks. Terry acknowledged that there is a small number like 4 or 5 nurses that are working for Lynda with OQI (*Office of Quality Improvement*). Jill indicated that the thinking behind this is to provide oversight and assurance with our PM46 reviews. Additionally, trying to get their arms around what's not working and what kinds of supports need to be in the provider homes, regardless of the nursing piece. The nurses are the right people to identify things like; staff on the ground that do not have the appropriate skills or if it's the processes around medication administration, etc. Her thought is that the Nursing Staff and DDDS need to be doing a better job of focusing attention on the oversight and the assurance and helping agencies develop systems, but we can't pull out of that on the ground piece and leave a void. “*We are going to have to do a couple of things at once, for a short time until we've stood up another system*”. Jill emphasized that there should be no impact on the ground as a result of this change. Jill thanked the members for sharing this information as it is helpful to hear everything, even though in reality she is sorry to hear it, but glad that they are working on it. The members agreed; however they also mentioned that even though they do not have a specific example, they worry that DDDS could have a critical problem...if services aren't available and something goes drastically wrong with one of our people. Jill absolutely agreed and reassured that at the end of the day if the plan calls for support around Behavioral Supports and Residential Supports and a Consultative Nurse, then the person needs to get it. It is that simple! Terry shared that we're also getting DDDS BA's (*Behavior Annalists*) out to work with families, and that's a different resource we didn't had before, which it's all part of the larger plan, same thing with nurses.

#### ♦ Core/CX360 - Identifying Hep C

It was mentioned although he was not present to discuss, that the next topic was from Brian Hartman, with concerns about a large number of people with hepatitis C and since they are not sure if he was talking about facilities or group homes, but he was hoping that Core/CX360 might be able to identify those people with Hep C, so that we can use some resources to get to them. Brian's email will be forwarded to Jill for further review and to be discussed in an upcoming meeting.

#### ♦ Ukeru

Members are concerned about what they hear as a policy to call police in response to incidents requiring behavioral supports. There is fear that one day a person is going to be shot. Jill reaffirmed that this is an issue that is coming up in so many different contexts, and we've got some really exciting work that Terry's been doing around *Ukeru* as a way to communicate and engage differently. Terry was pleased to share with the group a “short version” of what has been done; after hundreds of conversations with *Ukeru*, they came to DE to consult for one person who has very challenging support needs. Sec Landgraf was originally the one who identified Ukeru as a potential resource. Their approach to dealing with folks with major behavior issues uses *Trauma Informed Care*. They have a whole system of supporting

people with significant behavior support needs; they have been contracted with Australia, the State of California, and the State of Texas. DDDS brought them to Delaware for a presentation to providers. We had 58 people attend the session a couple of weeks ago, with 9 or 10 agencies represented. Many of these agencies want to consider alternate approaches to the system they are currently using. *Ukeru* has track record of thousands and thousands of people that they supported where they have really changed behavior. So our strategy is to build capacity - have a *Train the Trainer Model* and then have them come in and do consultation with challenging cases. They work with multiple states to do mass trainings, and then they keep in touch and make sure you're still doing it right, they do have an *Annual Recertification Process*. Jill added that having identified this need to support people, support families and the providers differently, elements of *DDDS' Strategic Priorities*, that we have really made a considerable amount of progress to make sure that we are putting tools in the hands of the of the people who need them and thinks and would just add to that, that the *Trauma Informed Care* piece is foundational for all of the work that's done across all of the population, that we all can benefit from it.

♦ *Acist (Assertive Community Integration Support Team)*

Terry announced that *ACIST (Assertive Community Integration Support Team)* is now operational. Our goal going into this is to create data; we want to have good measures. The end goal is to have 50 people supported by the end of the year. We have quarterly meetings scheduled that will evaluate how well things are going and fix what needs to be fixed. The review team includes *Terrence Macy, Deanna Pedicone, Dr. Gerard Gallucci, Frann Anderson* and *Lynda Lord*. Things that we are trying to set into place are recruiting; building capacity to have a very different approach encountering and successfully modifying behaviors.

♦ *Community of Practice*

Terry gave an update on the Community of Practice – We have had a couple calls and have another call coming up next week with the people of NASDDDS. We were 1 of 10 states selected, there are 5 states that have been doing this for 5 years, and Connecticut was one of those initial states. This program requires the state IDD agency to partner with the state DD Council. It's an initiative to help families build networks of support. We are in our very early stages with a core group that Pat was very kind to put together. The group met 3 or 4 weeks ago and will regroup after we have a call with Barbara Brent, NASDDDS, and Sheli Reynolds, University of Missouri.

*October Retreat*

One on the members mentioned that for the next meeting on October 20<sup>th</sup>, he is not going to be able to attend the GAC Meeting, due to a trip. Jill suggested that since the Retreat is in the same month of October, that maybe they could do something on a different day for the Retreat and make it last a little longer around 3 hours, and include speakers like in the past. Members were encouraged to bring ideas/suggestions for speakers to bring in. Jill mentioned that is not a fully formed plan yet, but she know that this group wanted to hear about Dental Services, and about Gaps & Needs of persons in the pipeline, how many people are coming along that are going to need these services. Jill thinks that for dental it would likely be a presentation, but for the Gaps in Services it may be sharing how we have planned to tackle the identified gaps. We would also get feedback from the committee about our strategy... does it make sense and if it's going to answer the questions we have. If there are other specific areas or topics that the group would like to cover, we can always add them to the agenda. Members agreed and most of them are available during the last week of October from the 24<sup>th</sup> to the 28<sup>th</sup>, Jill & Terry will figure out & send out some possible dates that could work for everyone.

♦ *Change in Administration*

Jill indicated that our goal as we come up to November and beyond is that any potential changes that happen within DDDS or in other parts of state government are invisible to the people who we are serving. That is what we're focused on as a leadership.

### **Announcements and Informational Items**

News article shared by one of the council members with the group, in reference to a Caregiver Arrested in Assaulting an autistic 13-year-old boy at Manor Group Home in Newark.

*Original news obtained from:*

<http://www.delawareonline.com/story/news/crime/2016/09/13/delaware-police-fire-reports-roundup-sept/90336328/>

**CAREGIVER ARRESTED IN ASSAULT:** State police have arrested a New Castle caregiver charged with assaulting an autistic 13-year-old boy at Manor Group Home in Newark. The woman, 53-year-old Harrietta Kanda, was charged with felony child abuse in the second degree – recklessly or intentionally causing physical injury to a child with intellectual disabilities, and endangering the welfare of a child – intentionally, knowingly or recklessly acting in a manner likely to injure a child, said Sgt. Richard Bratz, a spokesman for the Delaware State Police. Police began investigating Kanda on April 9 after receiving a notification through the child abuse hotline regarding the assault of a boy at a group home owned by Christina School District, Bratz said. The caller told the hotline that a 13-year-old had been assaulted by a caregiver at the Manor Group Home at 30 Glyn Drive, he said. Further investigation indicated that on April 8, Kanda was seen hitting the boy, who police said does not speak, in the back of the head several times with a closed fist. Detectives learned that Kanda asked the child to come back to the kitchen to clean up after his dinner, Bratz said. Shortly after he went into the kitchen, Bratz said, the child was heard crying out multiple times. When another staff member went into the kitchen, the child was found on the floor with Kanda standing over him, he said. “Kanda had her hands on the front of his shirt collar lifting him up off of the floor,” Bratz said in a statement. “Kanda was then seen striking him several times in the back, neck and head area with a closed fist.” The staff member immediately stopped Kanda from hitting the child again, he said. Kanda and the boy were then separated, Bratz added. A school nurse completed an injury report on the afternoon of April 11, noting she observed injuries including redness and bruising on the boy’s right upper arm and scratches on the back of his neck, Bratz said. The state Attorney General’s Office then reviewed the investigation before issuing warrants on Sept. 8 for Kanda’s arrest. She turned herself in at about 8:30 a.m. Tuesday at Troop 2 where she was formally charged. Kanda was released on \$2,000 unsecured bail with a no-contact order for anyone under 18.

#### **NEW CASTLE COUNTY**

**CAREGIVER ARRESTED IN ASSAULT:** State police have arrested a New Castle caregiver charged with assaulting an autistic 13-year-old boy at Manor Group Home in Newark. The woman, 53-year-old Harrietta Kanda, was charged with felony child abuse in the second degree – recklessly or intentionally causing physical injury to a child with intellectual disabilities, and endangering the welfare of a child – intentionally, knowingly or recklessly acting in a manner likely to injure a child, said Sgt. Richard Bratz, a spokesman for the Delaware State Police. Police began investigating Kanda on April 9 after receiving a notification through the child abuse hotline regarding the assault of a boy at a group home owned by Christina School District, Bratz said. The caller told the hotline that a 13-year-old had been assaulted by a caregiver at the Manor Group Home at 30 Glyn Drive, he said. Further investigation indicated that on April 8, Kanda was seen hitting the boy, who police said does not speak, in the back of the head several times with a closed fist. Detectives learned that Kanda asked the child to come back to the kitchen to clean up after his dinner, Bratz said. Shortly after he went into the kitchen, Bratz said, the child was heard crying out multiple times. When another staff member went into the kitchen, the child was found on the floor with Kanda standing over him, he said. “Kanda had her hands on the front of his shirt collar lifting him up off of the floor,” Bratz said in a statement. “Kanda was then seen striking him several times in the back, neck and head area with a closed fist.” The staff member immediately stopped Kanda from hitting the child again, he said. Kanda and the boy were then separated, Bratz added. A school nurse completed an injury report on the afternoon of April 11, noting she observed injuries including redness and bruising on the boy’s right upper arm and scratches on the back of his neck, Bratz said. The state Attorney General’s Office then reviewed the investigation before issuing warrants on Sept. 8 for Kanda’s arrest. She turned herself in at about 8:30 a.m. Tuesday at Troop 2 where she was formally charged. Kanda was released on \$2,000 unsecured bail with a no-contact order for anyone under 18.

In reference to the *Letter of Support* that needs to be written for Pat Maichle, DD Council, Terri informed Ms. Maichle, that it would be done today, using as an example the one written last year in 2015 for the Supported Decision Making “The Grant”. Pat agreed; and also mentioned that this is going to concentrate on education based on the Supported Decision Making Law and is going to focus on the kids at Nemours, the kids who go through their transition process.

Information about the *Life Conference & State Council Lunch* was shared with the group. The *Life Conference* will be on January 25<sup>th</sup> at the Dover Downs Hotel from eight 8:00 am to 3:45 pm, and Pat was nice enough to bring some Life Conference Postcards for anyone that wants some to distribute. Ms. Maichle emphasized that the website is now available for registration. And the *State Council Lunch* is in October 17<sup>th</sup> starts at 9:30 am for registration at the Outlook at the Duncan Center, top floor.

### **Adjournment**

The meeting adjourned at 12:15 p.m.